

# MASSACHUSETTS COALITION FOR ADDICTION SERVICES

~ Saving Lives, Saving Dollars ~

## FY 2019 State Budget Request

### Department of Public Health/Bureau of Substance Addiction Services (DPH/BSAS)

#### Post Governor's FY 19 House 2 Budget

The *Massachusetts Coalition for Addiction Services* (MCAS) is a group of advocacy organizations that have come together to speak with one voice to strengthen support for funding for addiction prevention, treatment and recovery support services and increased access to services for people with substance use disorders.

### MCAS REQUESTS THE FOLLOWING IN THE FY 2019 STATE BUDGET

- **Increase Department of Public Health/Bureau of Substance Addiction Services (DPH/BSAS Line Item 4512-0200):**
  - **\$1.5 Million** to expand access to the Massachusetts Access to Recovery (MA-ATR) program to reduce waitlist times; and conduct post-ATR services research to identify long-term recovery outcomes. This has been a federally-funded grant program since 2010.
  - **\$3.5 million** to cover start-up and costs to procure five new Recovery Centers in cities/towns across the state
  
- **Increase DPH/BSAS Line Item 4512-0202 for Jail Diversion programs by \$8 million** to expand access statewide to pre-adjudication Jail Diversion residential treatment programs for offenders with substance use disorders
  
- **Support H2 Transfer of BSAS Line Item 4512-0211 for Recovery High Schools to Department of Early and Secondary Education ((DESE)) Line Item 7061-9607)**
  - **Restore funding to \$3,600,000**
  - **Include language in DESE line-item as follows:** *For the administrative and programmatic costs of recovery high schools. Add, The department shall work collaboratively with the Bureau of Substance Addiction Services (BSAS) for the successful transition and continued operation of the recovery high school model."*
  
- **H2 Established Line Item for Prevention Services at DESE (Line Item 1595-0025): \$5 million**
  - **Include language in DESE line-item as follows:** *For the support of the Substance Use Prevention, Education, and Screening Trust Fund, established pursuant to section 35EEE of chapter 10 of the General Laws. Add, "The Department shall work collaboratively with the Bureau of Substance Addiction Services (BSAS) in the determination and implementation of evidence-based and age-appropriate programs."*

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*End Hep C MASS Coalition, Richard Baker, 617-927-0836 x 188*

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*Massachusetts Housing and Shelter Alliance, Joe Finn, 617-367-6447*

*Massachusetts Organization for Addiction Recovery, Maryanne Frangules, 617-423-6627*

*Massachusetts Public Health Association, Jodi Silverman, Interim Executive Director, 857-263-7072*

*Massachusetts Viral Hepatitis Coalition, [www.aac.org/policy-center/coalitions/mvhc.html](http://www.aac.org/policy-center/coalitions/mvhc.html)*

*Recovery Homes Collaborative, Bob Monahan and John McGahan, [www.rhcmass.org](http://www.rhcmass.org)*

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*The Boston Public Health Commission, Catherine Donovan, 617-534-2288*

# MASSACHUSETTS COALITION FOR ADDICTION SERVICES

## BUDGET REQUEST JUSTIFICATION

### \$1.5 Million in New Funding for Massachusetts Access to Recovery (MA-ATR)

MA-ATR is funded by a SAMHSA grant to address the opioid epidemic, but funding is slated to end by September 2018 unless Congress appropriates another year of funding. MCAS requests that the state give serious consideration to appropriating state dollars to support the continuation and expansion of this highly successful program.

#### **MCAS is requesting \$7 million in funding to:**

- Preserve the MA-ATR services operating in Springfield, Worcester, Boston and New Bedford;
- Reduce the amount of time people must be on a waitlist to gain access to ATR services; and
- To conduct post-ATR outcomes research to determine program impact on participants sustained recovery.

Since 2010, MA-ATR has served 16,500 individuals of which 79% were involved with the criminal justice system, 60% had a co-occurring mental health disorder, and 75% of the female participants were pregnant or parenting. **These are the primary populations identified by DPH as being at the highest risk for overdose and death.**

#### **MA-ATR Services include:**

- **Care Coordination:** Each individual is assigned a Care Coordinator to provide a collaborative and continuous client-driven, recovery planning and support services for all 6 months of the program.
- **Basic Needs Financial Support Vouchers:** Money vouchers are issued to individuals to procure any of their basic needs such as clothing, shoes, transportation, driver's license/identification cards, personal hygiene products, initial funding to obtain a stable and safe place to live, etc.
- **Employment Training:** Employment is positively associated with recovery, so the MA-ATR *Career Building Initiative* provides job readiness training, job search support and occupational training - which provides purposeful and meaningful daily activities.

Per participant, MA-ATR only costs about \$231.00 per individual per month, or on average \$1,385.00 per individual for all six-months of services including the vouchers. MA-ATR saves the state money in healthcare, incarceration and social costs by empowering individuals to progress in their recovery, obtain employment and find renewed hope and meaning in their lives.

### \$3.5 Million for Five Recovery/Peer Support Centers

BSAS currently funds 10 Recovery Centers in Massachusetts, but many more are needed. Recovery Centers are successful peer-led services, and many cities and towns would like to host such programs.

#### **MCAS is requesting \$3.5 million for BSAS to procure five new community-based Recovery Centers across the state.**

Peer-led, peer-driven services and activities are at the core of these centers - allowing participants to learn new skills, mentor others, and value their lived-experience.

Recovery Centers provide individuals, their family members and loved ones a safe, clean and sober place to connect with their peers to conduct job searches, hang-out, and obtain support for sustained recovery.

The Recovery Centers are intended to not only build a peer community that is supportive of people in recovery, but are also designed to reduce the stigma associated with addiction by putting a "positive face of recovery" within the larger community.

### [\\$8 Million for Expansion of Jail Diversion Programs](#)

**MCAS is requesting \$8 million in new funding to replicate the Reflections-Court Alternative Program (CAP) in New Bedford to four other areas of the state.**

Research from across the country indicates that jail diversion programs are treating the root cause of criminal activity and reducing recidivism. Diversion programs ensure that offenders with substance use disorders receive treatment in lieu of incarceration, with close supervision, ongoing drug testing, and incentives and sanctions that help them fulfill their treatment plans.

Reflections-CAP is a residential substance use treatment program offered to men and women involved in the Massachusetts court system as an alternative to incarceration for criminal offenses. The expected length of involvement is one year. Priority intake consideration is given to those who are facing imminent incarceration and are on probation during the course of the full program.

There are separate men's and women's residences with some co-ed groups and other gender specific groups. Reflections-CAP is a program of High Point Treatment Center funded by the Department of Public Health's Bureau of Substance Addiction Services.

### [\\$5 Million for Prevention Services](#)

Research shows that the social and cultural settings in which people live do influence the misuse of alcohol and other drugs; and that public policy changes and community-wide prevention efforts are effective in preventing and reducing such problems before they start.

Effective and long-term changes can be made by implementing research-based best practices in prevention and education that have demonstrated good outcomes.

[It is important to underscore that prevention is cost effective.](#) SAMHSA estimates that prevention services delivered to public school settings would save \$18 for every \$1 spent. This creates cost savings in medical and other resources including property damage, police and criminal justice interventions, and insurance administration; lost wages and household work; and reduced quality and loss of life.

Substance misuse is also associated with a wide range of health and social problems, including heart disease, stroke, high blood pressure, various cancers (e.g., breast cancer), mental disorders, neonatal abstinence syndrome (NAS), driving under the influence (DUI) and other transportation-related injuries, sexual assault and rape, unintended pregnancy, sexually transmitted infections, intentional and unintentional injuries and property crimes.

The existing substance use prevention infrastructure in Massachusetts must be strengthened and built up to ensure that substance use prevention and early intervention strategies and services are fully integrated into our schools and communities, and are explicitly required in broader chronic disease prevention initiatives.

One example of a research-based prevention program is called Life Skills Training (LTS). It is a 3-year middle school classroom curriculum that teaches students personal self-management, social, and drug-resistance skills. The Life Skills Training model has been found to produce sustained effects in preventing adolescent tobacco use, alcohol use, binge drinking, and marijuana use by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.

If you would like to discuss these requests further please contact Connie Peters on behalf of MCAS at 508-647-8385, extension 13 or [cpeters@abhmass.org](mailto:cpeters@abhmass.org)